

Attorney or Party Name, Address, Telephone & FAX Numbers, and California State Bar Number	FOR COURT USE ONLY
<b>UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA</b>	
In re:	CASE NUMBER
Debtor.	HEARING DATE: TIME: PLACE:

### MOTION FOR ORDER RELEASING UNCLAIMED FUNDS

I, under penalty of perjury under the laws of the United States of America declare (or certify, verify, or state) that the following statements and information are true and correct:

1. I request an order releasing the total amount of \$\_\_\_\_\_ which is the sum of all monies deposited with the court on the following date(s) \_\_\_\_\_ on behalf of the creditor \_\_\_\_\_ on claim number(s) \_\_\_\_\_

2. Please check and complete the applicable subparagraph(s) below:

- ☐ a. I am the creditor named in paragraph 1.
- ☐ b. I am an employee of the creditor named in paragraph 1 and my title is \_\_\_\_\_. The creditor is still legally entitled to the monies and I am authorized by the creditor to this petition. Submit evidence establishing authority to act on behalf of creditor.
- ☐ c. I am the creditor and have appointed \_\_\_\_\_ as my lawful attorney-in-fact who is duly authorized by the attached original power of attorney to file this motion.
- ☐ d. Subparagraphs a, b, and c above do not apply, but I am entitled to payment of such monies because (submit evidence establishing basis for right to obtain payment).

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(Continued on next page)

In re _____	CHAPTER _____
Debtor. _____	CASE NUMBER _____

3. Please complete each of the following subparagraphs:

a. The following is the creditor's address and phone number:

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b. And a brief history of the creditor (from the filing of the claim to the present) which includes, if applicable, identification of any sale of the company and the new and prior owner(s). Submit evidence establishing the sale of the company from the prior to the new owner(s):

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4. I understand that, pursuant to 18 U.S.C. Section 152, I shall be fined not more than \$5,000.00, or imprisoned not more than five years, or both, if I have knowingly and fraudulently made any false statements in this document.

5. On \_\_\_\_\_, a fully completed copy of this document was mailed to the:

United States Attorney  
312 North Spring Street  
Los Angeles, CA 90012

United States Trustee's Office  
725 South Figueroa  
26th Floor  
Los Angeles, CA 90017

Trustee, Reorganized Debtor or  
other Fiduciary in charge of  
distributing payment of claims  
Address (to be inserted)

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In re	CHAPTER _____
	Debtor. CASE NUMBER

(Corporate Seal

if applicable)

\_\_\_\_\_  
Creditor

\_\_\_\_\_  
Type or Print Creditor's Name

\_\_\_\_\_  
Creditor's Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STATE OF CALIFORNIA, COUNTY OF \_\_\_\_\_

On \_\_\_\_\_ before me, personally appeared (insert name and title of the signer)

\_\_\_\_\_  
\_\_\_\_\_

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. WITNESS my hand and official seal.

(SEAL)

\_\_\_\_\_  
Notary Public

My commission expires on \_\_\_\_\_

In re	CHAPTER _____
Debtor.	CASE NUMBER

\_\_\_\_\_  
Signature of Attorney/Attorney-in-Fact (if appointed)

\_\_\_\_\_  
Type or Print Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STATE OF CALIFORNIA, COUNTY OF \_\_\_\_\_

On \_\_\_\_\_ before me, personally appeared (insert name and title of the signer)

\_\_\_\_\_  
\_\_\_\_\_

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. WITNESS my hand and official seal.

(SEAL)

\_\_\_\_\_  
Notary Public

My commission expires on \_\_\_\_\_

Presented by:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_